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BALTIMORE COUNTY
GOVERNMENT

2021
BENEFITS
OPEN
ENROLLMENT



Open Enrollment for Baltimore County Government Employees' will be held October 26th - November 27th. Changes made during Open Enrollment will be effective January 1, 2021.

What's New for 2021?

- ➔ Active Employee One-Time Deduction Holiday and Frequency Change
- ➔ Enhancements to CareFirst Dental Plans
- ➔ Important Cigna Medical Copay Changes
- ➔ New Medical Plan Option Available

www.baltimorecountymd.gov/benefits

BALTIMORE COUNTY
GOVERNMENT

2021
BENEFITS
AT A
GLANCE



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ACTIVE EMPLOYEE ONE-TIME DEDUCTION HOLIDAY AND FREQUENCY CHANGE

Baltimore County is excited to announce that active employees will be able to enjoy a **one-time** deduction holiday for medical, dental, and vision coverage for the month of December. Beginning December 2020, medical, dental, and vision deductions will no longer be paid a month in advance out of 24 pays per year. Active employees will now pay for benefits in the month in which they are covered. Example: January deductions will pay for January coverage.

In addition, the County has made the decision to convert all payroll deductions to a biweekly (every pay) frequency beginning with your first pay in January 2021.

ENHANCEMENTS TO CAREFIRST DENTAL PLANS

Baltimore County is pleased to announce that we will be enhancing the CareFirst BCBS Traditional Dental and CareFirst BCBS Preferred PPO Dental plan. Effective January 1, 2021, CareFirst BCBS dental members will see the following plan enhancements:

Now Covered – Dental Implants:

- 50% after deductible. Treatment plan required.

Increased Out of Pocket Maximum:

- BCBS Traditional Dental - \$2,000 per person per year
- BCBS Preferred PPO - \$1,500 per person per year

IMPORTANT CIGNA MEDICAL COPAY CHANGES

Cigna OAP and OAPIN will have the following copay changes beginning January 1:

- OAP/OAPIN Emergency Room copay increasing to \$100
- OAPIN Specialist copay increasing to \$25

This Summary has been designed to give you a snapshot of the Medical/Prescription benefits offered through Baltimore County and highlight important changes for the upcoming plan year. To view the complete 2021 Active Benefits Enrollment guide, visit www.baltimorecountymd.gov/benefits.

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NEW CIGNA OAPIN & OAP ID CARDS COMING SOON

Your new Cigna ID card with updated prescription information will arrive in late December. Continue using your current ID card until the end of 2020. Your current card will not work after January 1, 2021 when trying to fill a prescription. **Don't forget to show your new card to your pharmacist starting January 1, 2021.**

NEW MEDICAL PLAN OPTION AVAILABLE IN 2021

Baltimore County excited to announce that we will be adding an additional Medical plan to our menu of options effective January 1, 2021. In partnership with Cigna and Benefit Strategies, we will be offering a high deductible health plan (HDHP) that can be combined with a health savings account (HSA), allowing you to pay for out-of-pocket healthcare expenses with pre-tax dollars.

Additional information regarding rates and plan design can be found online at www.baltimorecountymd.gov/benefits

WHAT YOU NEED TO DO FOR OPEN ENROLLMENT

If you do not need to make any changes to your benefits, your current plans and dependents on your plans will be continued for the 2021 plan year. **However, Flexible Spending Accounts (FSA) require re-enrollment every year. Changes to your benefits, including re-enrollment in FSA, can be made on ESS at www.baltimorecountymd.gov/mybenefits.** If you require assistance with your ESS login, please contact the Service Desk at 410-887-8200.

How to Contact Your Benefit Plans Directly

	Plan Name	Phone / Website
MEDICAL	Cigna Open Access Plus (OAP)	1-800-896-0948 www.mycigna.com
	Cigna Open Access Plus In-Network (OAPIN)	
	Cigna High Deductible Health Plan (HDHP)	
	Kaiser Permanente Select HMO/Prescription	1-800-777-7902 www.kaiserpermanente.org
RX	Cigna Pharmacy Prescription Coverage for Cigna OAP/OAPIN/HDHP	1-800-896-0948 www.mycigna.com
DENTAL	CareFirst BCBS Traditional Dental	1-866-891-2802 www.carefirst.com
	CareFirst BCBS Dental PPO	
	Cigna Dental Plan (DHMO)	1-800-896-0948 www.mycigna.com
EAP	Cigna Behavioral Health	1-888-431-4334 www.myCigna.com (password: baltimore)
VISION	CareFirst BCBS Davis Vision	1-800-783-5602 www.carefirst.com
PRE-TAX ACCOUNTS	Benefit Strategies, LLC Flexible Spending Accounts Parking and Transit Accounts Health Savings Account	1-888-401-FLEX (3539) www.benstrat.com
LIFE INS.	MetLife	410-887-2568 www.baltimorecountymd.gov/mybenefit
LTD	Cigna Long-Term Disability	1-888-362-4462 www.baltimorecountymd.gov/mybenefits
BALTIMORE COUNTY	Baltimore County Insurance Division	410-887-2568 ESS – www.baltimorecountymd.gov/mybenefits (to enroll in benefits) Website – www.baltimorecounty.md.gov/benefits

Plan Options for Active Employees

This chart summarizes the benefits for the Cigna Open Access Plus, Cigna Open Access Plus In-Network, Cigna High Deductible Health Plan, and Kaiser Medical plans.

Plan Facts		Cigna Open Access Plus In-Network (OAPIN)		Cigna Open Access Plus (OAP)		Cigna High Deductible Health Plan with Health Savings Account		Kaiser Permanente Select HMO
				In-Network	Out-of-Network	In-Network	Out-of-Network	
COST SHARING LIFETIME LIMITS								
Calendar Year Deductible		\$0 Individual / \$0 Family	\$200 Individual / \$400 Family	\$300 Individual / \$600 Family	\$2,500 Individual / \$5,000 Family	\$5,000 Individual / \$10,000 Family		N/A
Calendar Year Medical Out-of-Pocket Maximum		\$1,100 Individual / \$3,600 Family	\$1,000 Individual / \$2,000 Family	\$1,500 Individual / \$3,000 Family	\$5,000 Individual / \$10,000 Family	\$10,000 Individual / \$20,000 Family		N/A
Calendar Year Prescription Out-of-Pocket Maximum		\$5,500 Individual / \$9,600 Family	\$5,600 Individual / \$11,200 Family	N/A	N/A	N/A		N/A
Lifetime Maximum		Unlimited	Unlimited	Unlimited	Unlimited	Unlimited		Unlimited
OUTPATIENT PRESCRIPTION DRUG BENEFIT								
Dispensed at Pharmacy*		\$12 Generic / \$30 Brand Formulary / \$45 Brand Non-Formulary (copays apply for each 34 day supply)	\$12 Generic / \$30 Brand Formulary / \$45 Brand Non-Formulary (copays apply for each 34 day supply)		RETAIL after the annual deductible is met: Generic: you pay 10% / Brand Formulary you pay 10% / Brand Non-Formulary you pay 10% (for each 34 day supply)		One copay for up to a 30 day supply. \$12 Generic / \$30 Brand Formulary / \$45 Brand Non-Formulary for Kaiser Facility \$15 Generic / \$45 Brand Formulary / \$60 Brand Non-Formulary at other network pharmacies	
Mail Order – Maintenance Medications* Mail order copays do not apply to Specialty Medications.		\$24 Generic / \$60 Brand Formulary / \$90 Brand Non-Formulary (you pay only 2 copays for each 102 day supply)	\$24 Generic / \$60 Brand Formulary / \$90 Brand Non-Formulary (you pay only 2 copays for each 102 day supply)		RETAIL and HOME DELIVERY after the annual deductible is met: Generic: you pay 10% / Brand Formulary you pay 10% / Brand Non-Formulary you pay 10% (for each 102 day supply)		\$24 Generic / \$60 Brand Formulary / \$90 Brand Non-Formulary for mail order refills. Up to 90 day supply for maintenance medications	
* If you receive a brand name medication when a generic is available, you will pay the cost difference between the generic and name brand plus your copay.								
PROFESSIONAL SERVICES								
Annual Adult Physical		You pay 0% / Plan pays 100%	You pay 0% / Plan pays 100%	You pay 25% / Plan pays 75% after the deductible is met	You pay 0% / Plan pays 100%	You pay 30% / Plan pays 70% after the deductible is met	100% Covered	
Gynecology Annual Office Visit		You pay 0% / Plan pays 100%	You pay 0% / Plan pays 100%	You pay 25% / Plan pays 75% after the deductible is met	You pay 0% / Plan pays 100%	You pay 30% / Plan pays 70% after the deductible is met	\$10 copay applies	
Mammography Screening / PAP / PSA Testing (Routine)		You pay 0% / Plan pays 100%	You pay 0% / Plan pays 100% No deductible	You pay 0% / Plan pays 100% No deductible	You pay 0% / Plan pays 100%	You pay 30% / Plan pays 70% after the deductible is met	100% Covered	
Well Child Visit		You pay 0% / Plan pays 100%	You pay 0% / Plan pays 100%	You pay 25% / Plan pays 75% after the deductible is met	You pay 0% / Plan pays 100%	You pay 30% / Plan pays 70% after the deductible is met	100% Covered	
Primary Care Office Visit		You pay \$15 per visit	You pay \$15 per visit	You pay 25% / Plan pays 75% after the deductible is met	You pay 10% / Plan pays 90% after the deductible is met	You pay 30% / Plan pays 70% after the deductible is met	\$10 copay applies (waived to age 5)	
Specialist Office Visit		You pay \$25 per visit	You pay \$25 per visit	You pay 25% / Plan pays 75% after the deductible is met	You pay 10% / Plan pays 90% after the deductible is met	You pay 30% / Plan pays 70% after the deductible is met	\$10 copay applies	
Physical/Speech/Occupational Therapy Office Visit		You pay \$25 per visit 40 days for each therapy per calendar year	You pay \$25 per visit Unlimited days per calendar year for all therapies combined	You pay 25% / Plan pays 75% after the deductible is met Unlim-ited days per calendar year	You pay 10% / Plan pays 90% after the deductible is met	You pay 30% / Plan pays 70% after the deductible is met	\$10 copay – days/visits limits apply	
Chiropractic Office Visit		You pay \$25 per visit Limited to 40 days per calendar year	You pay \$25 per visit Unlimited days per calendar year	You pay 25% / Plan pays 75% after the deductible is met Unlim-ited days per calendar year	You pay 10% / Plan pays 90% after the deductible is met	You pay 30% / Plan pays 70% after the deductible is met	\$15 copay applies limited to 20 visits/year	
Diagnostic Tests Performed by Lab or Other Testing Facility and Billed Separately from Office Visit		Independent X-ray or Lab Facility Outpatient Facility You pay 0% / Plan pays 100%	Independent X-ray or Lab Facility Outpatient Facility You pay 5% / Plan pays 95% after the deductible is met	You pay 25% / Plan pays 75% after the deductible is met	You pay 10% / Plan pays 90% after the deductible is met	You pay 30% / Plan pays 70% after the deductible is met	Approved tests covered in full	
INPATIENT CARE HOSPITAL								
Room and Board Preauthorization REQUIRED if Elective		\$100 copay per admission, then You pay 0% / Plan pays 100%	You pay 15% / Plan pays 85% after the deductible is met	You pay 25% / Plan pays 75% after the deductible is met	You pay 10% / Plan pays 90% after the deductible is met	You pay 30% / Plan pays 70% after the deductible is met	Covered in full when authorized	
Physician/Surgical Services		You pay 0% / Plan pays 100%	You pay 15% / Plan pays 85% after the deductible is met	You pay 25% / Plan pays 75% after the deductible is met	You pay 10% / Plan pays 90% after the deductible is met	You pay 30% / Plan pays 70% after the deductible is met	Covered in full when authorized	
MEDICAL EMERGENCIES / URGENT CARE								
Emergency Room		You pay \$100 per visit – copay waived if admitted	You pay \$100 per visit – copay waived if admitted	You pay \$100 per visit – copay waived if admitted	You pay 10% / Plan pays 90% after the deductible is met	You pay 10% / Plan pays 90% after the deductible is met	Covered in full after \$50 copay – copay waived if admitted	
Urgent Care Facility		You pay \$25 per visit	You pay \$25 per visit	You pay \$25 per visit	You pay 10% / Plan pays 90% after the deductible is met	You pay 10% / Plan pays 90% after the deductible is met	Covered in full after \$25 copay – copay waived if admitted	